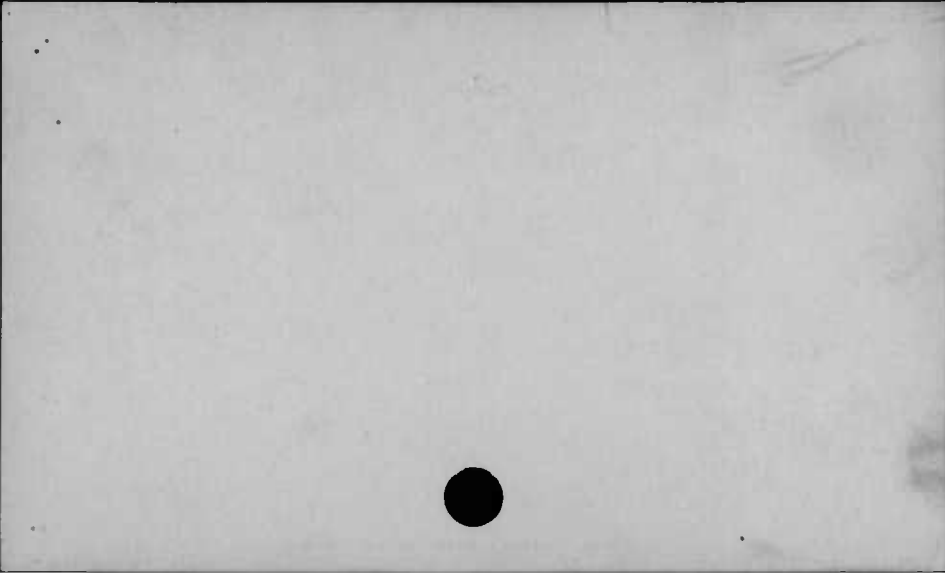


Annie Black
 Died ^{near} *Saluda* Town *Kent* County MARYLAND
 Date *190* 182 Month *7* Day *20* Age *106 said to be* Y. M. D. Native of *Kent Co* Occupation *Housewife*
~~Male~~ *White* Married *Widow* ~~Divorced~~ *Female* *Colored* ~~Single~~ ~~Widower~~ Number of children living *1*

~~Household~~ of *Samuel Black*
 Wife *Riley*
 Father's Name *—* Mother's Name *don't know*
 Cause of Death { Primary *Old Age, Anemia* How long sick
 { Immediate *Cardiac Failure* 154 Accident, Suicide, Homicide
 Reported by *Edward A. Scott, M.D.*
 Address *Saluda* *Kent.*





James Brown

Town

County

Died at

Columbian

Kent

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 12

Age

1-6

md

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Clarence Brown

Mother's

Maiden Name

Rosie Brown

Cause of

Primary

Cholera Infarction

How long sick

1 day

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

J. W. Urie
State Park

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

md

Union

Name in Full

Certificate of Death

Perry Brown

near Gaults

Town

County

Adelant

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

12

7

25

Age

48

md

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

13

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

How long sick

one week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr W W Garob

Address

Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

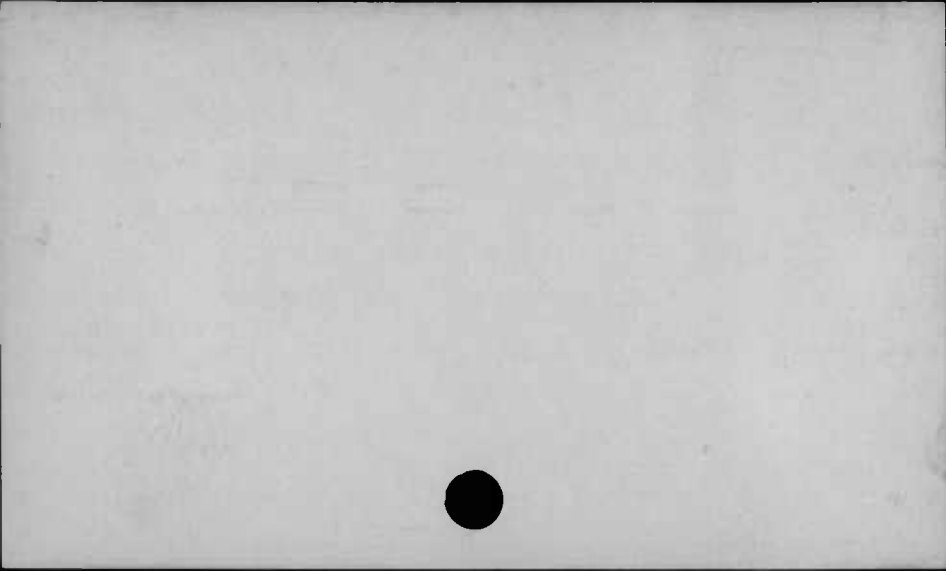
Emma Gertrude Cairn,
 Died at Locust Grove, Town, Kent County, MARYLAND
 Date 1902, Month 7, Day 25, Age 33 Y. M. D. 11 1, Native of Md., Occupation Housewife.
 Male White Married Widower Number of children living 5
 Female Colored Single Widower

Husband of John H. Cairn
 Wife
 Father's Name Lewis M. Thacker Maiden Name Mother's Name Martha Cunningham

Cause of Death Primary Melaria Immediate Unknown.
 How long sick Not known.
 Accident, Suicide, Homicide

Reported by J. Horton Kelley
 Address Haverhill, Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Thomas Jones
 Died at *Massy* Town *Kent* County MARYLAND
 Date *1902* Month *July* Day *31* Age *75 (about)* Y. M. D. Native of *Delaware* Occupation *Sailor*
 Male *White* Married *Widow* ~~Deceased~~
 Female *Colored* Single *Widower* Number of children living *5*

Husband of

~~Wife~~
 Father's Name

Thomas Williams
 Mother's Name *W*

Cause of Death { Primary *Cerebral Apoplexy*
 Immediate

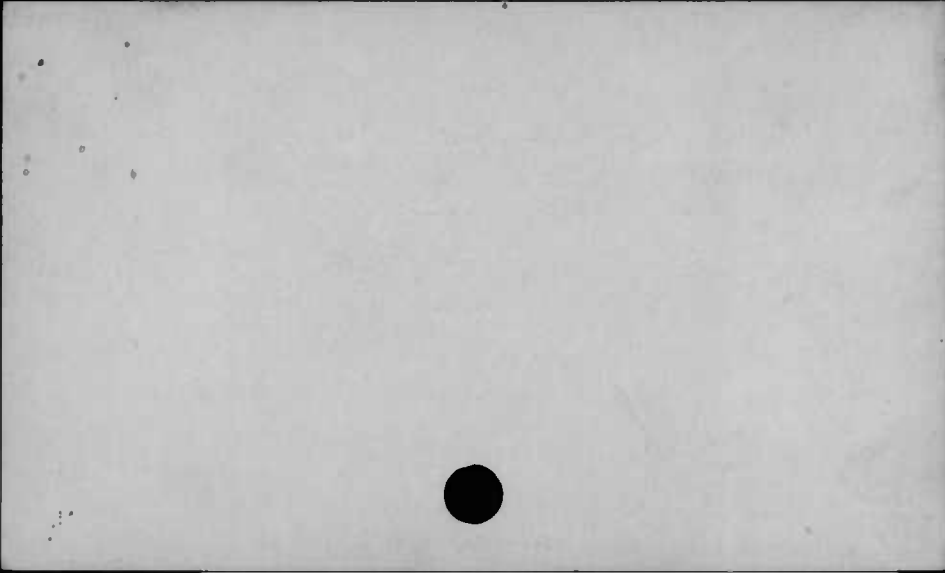
How long sick

~~Accident Suicide Homicide~~

Reported by

Address

Edward A. Scott M.D.
Isleona Maryland
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Clothier

Town

County

Died at

MARYLAND

East Neck

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

July 21

Age

12

-

-

Md

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

Edward Clothier

Mother's

Maiden Name

Emma Deputy

How long sick

Cause of

Primary

Accidental Drowning 172

Death

Immediate

Accident, Suicide, Homicide

Reported by

D. J. Parsons

Acting Coroner

Address

Rock Hall

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died <i>Mar Chestatoun</i>		County <i>Kent</i>				
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>6</i>	Age <i>64</i>	Years <i>64</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>—</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>School Teacher</i>					
Name of Wife or husband						
Father's Name <i>Joshua Copper</i>				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information <i>Whittie Copper</i>				How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate <i>Asthma</i>	How long <i>27</i> 6 weeks
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. Dodd</i>
<i>J</i>	Address <i>Chestertown, Md</i>
Accident or Suicide?	



John Edward Crew

Town

County

Died at

Smithville

Kent

MARYLAND

Date 19

02

Month

Day

July 2

Age

Y.

M.

D.

- 7 -

Native of

md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Maiden Name

Maud Fiffine

Cause of

Primary

Cholera Infantum.

How long sick

4 days.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm. S. Maxwell.

Address

Still Pond.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Still Pond

Name
in
Full

Phillips A. Dickerson Jr.
Town *Pomona* County *Kent.*

CERTIFICATE OF DEATH

MARYLAND

Died at *Pomona* Date of death 1902 *July* Month *17* Day *29* Age *29* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Kent Co Md*
Married, Single or Widowed *Married* Occupation *Capt. Sate Boat*
Name of Wife or Husband *Effie Dickerson*
Father's Name *Phillip Dickerson Sr.* Father's Birthplace *Kent Co Md.*
Mother's Maiden Name *Mary Sheppard* Mother's Birthplace *Kent Co Md.*
Name of person giving information *8* How related to deceased *—*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Typhoid Malarial Fever* How long *3 weeks*
Immediate *Effie Dickerson* How long *8 days*
Are the name, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas W. Walden M.D.*
8 Address *Chester Town*
Accident, or Suicide? *8*

PHYSICIAN
OR CORONER



Name In Full *John H. Dunn*
 Town *Newport* County *Kent Co.* MARYLAND
 Died at *Newport*
 Date *1902* Month *July* Day *31* Y. *16* M. *16* D. *16* Native of *MD* Occupation
 Male *White* Married *Widow* Divorced
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living
 Husband of *X* Wife
 Father's Name *John Dunn* Mother's Maiden Name *Martha Cotton*
 Cause of Death { Primary *Sick since 15* How long sick *a few hours*
 { Immediate *Birth* Accident, Suicide, Homicide
 Reported by *J. Norton Kelley, M.D.*
 Address *Newport, Kent Co., MD.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hollis S. Forman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairlee</i>		Town		County <i>Cent.</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>3</i>	Age <i>8 mos</i>	Years	Months <i>8</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Fairlee Md</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>				<i>145 D</i>			
Father's Name <i>Alingo Forman</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mother Howard</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
Enclosure

Primary <i>skin disease</i>	How long <i>3 mo</i>
Immediate <i>Schistosome</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. W. Whelan M.D.</i>
<i>8</i>	Address <i>Charleston Md</i>
Resident or S. S. H.?	



Annie J Foxwell
 Town County

Died at

Chesterville
 Month Day

Kent
 Y. M. D.

MARYLAND

Date 1902

July 14
 Male White

Age

22 — —
 Married

Native of

md
 Divorced

Occupation

— —
 Number of children living

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Garrett Foxwell

Mother's

Maiden Name

Catherine McCleson

Cause of

Primary

Bright's disease,

How long sick

8 months.

Death

Immediate

120
 Accidental, Suicide, Homicide

Reported by

Wm. S. Maxwell,

Address

Still Pond.

Mod.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chastotauri

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

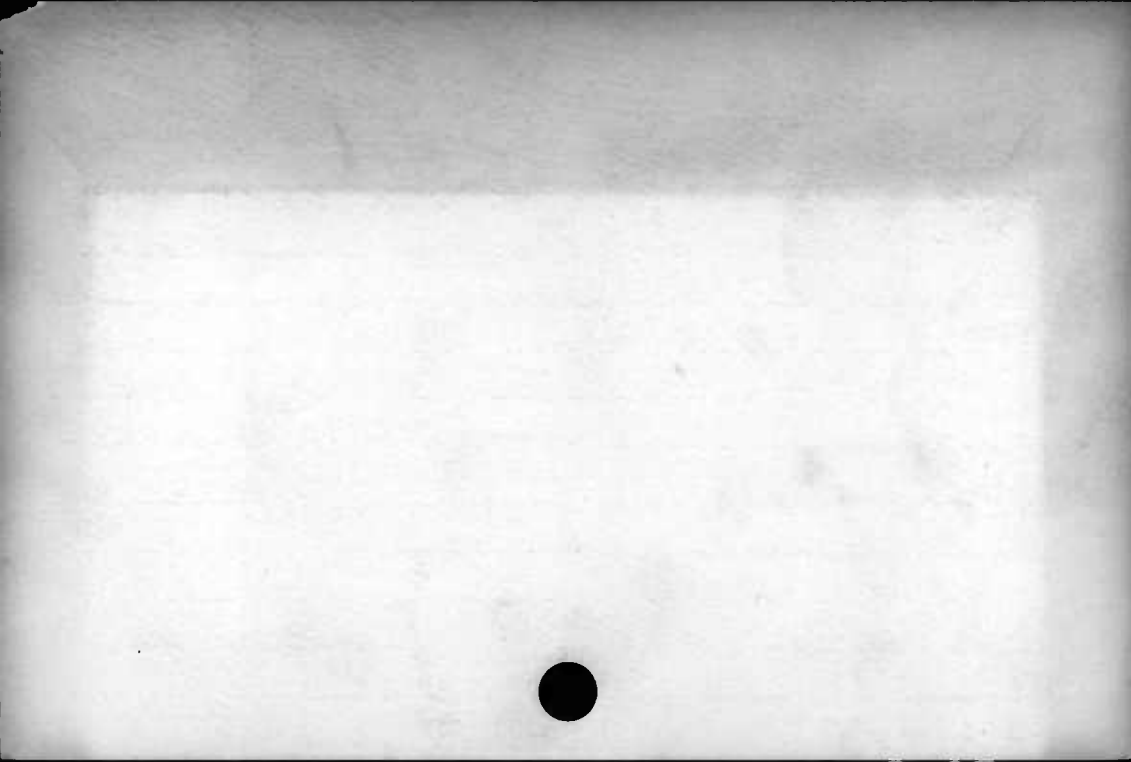
Jane Hamilton

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
2		July	14	89			
Sex	Female		Color or Race	Negro		Birth-place	Queen Anne, Md.
Married, Single or Widowed	Widow		Occupation		Housekeeper -		
Name of Wife or Husband							
Perry Hamilton							
Father's Name				Father's Birthplace			
Emory Hackett				Md			
Mother's Maiden Name				Mother's Birthplace			
Mary Hackett				Md.			
Name of person giving information				How related to deceased			
Samuel Hamilton				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Apoplexy (Cerebral)		2 weeks.
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician		A. L. Todd,
Address		8
Chester town, Md.		



Name In Full

Certificate of Death

Effie Pearson Hopper

Town

County

Died at

MARYLAND

Date 1902
 Month 7 Day 24 Y. M. D. 3, 13
 Age 11 1/2
 Occupation
 Female White Married Single Widowed
 Number of children living

 Husband
 of
 Wife

 Father's Name
 Chas. B. Hopper

 Mother's Name
 Effie Pearson

 Cause of Death
 Primary Mammaries

 Immediate
 Exhaustion

How long sick

2 m

Accident, Suicide, or homicide

Reported by

 W. Frank Herries M.D.
 Chestertown

Address

Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John W. Judefinel

Town

Rock Hall

County

Kent

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July

16

Age

65-1

13

Ma

Carpenter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Sarah H. Bruff

Wife

Father's

Name

John Judefinel

Mother's

Maiden Name

Leva A. Thayer

Cause of

Primary

Peritonitis

How long sick

9 days

Death

Immediate

Exhaustion

116

Accident, Suicide, Homicide

Reported by

W. D. Sully
Rock Hall

Address

M. D.
md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Died at

Date 19

Male

Female

Husband
of

Wife

Father's
Name

Cause of

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Freeman, H. Kelly

Town

County

Millington

Kent

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

10 yrs

Married

Widow

Divorced

Single

Widower

Number of children living

William F. Kelly

Mother's
Maiden Name

Mary E. Kelly

How long sick

9 months

Accident, Suicide, Homicide

J. D. Hallett
Millington

Md 27



Paul E. Long
 Town County

Died at *Kennedysville* *Hert*

MARYLAND

Date 1902 *July 13* Month Day Y. M. D. Age *- 10-6* Native of *md* Occupation *—*
 Male *White* Married *Widow* *-Divorced*
 Female *Colored* Single *Widower* Number of children living *—*

Husband
of

Wife

Father's Name *Charles Long* Mother's Maiden Name *Maggie Seney*

Cause of Death { Primary *Cholera Infantum* How long sick *4 weeks*
 Immediate *Exhaustion* Accident, Suicide, Homicide *—*

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Kennedyville

Name In Full

Certificate of Death

William Thomas Lusby

Died at ^{Town} near Kennedyville ^{County} Kent MARYLAND

Date 1902 ^{Month} July ^{Day} 26 ^{Y.} Age 81, ^{M.} 5, ^{D.} 7 ^{Native of} Maryland ^{Occupation} Farmer

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name John Lusby Mother's Maiden Name Sarah Howland

Cause of Death { Primary Chronic Bright's Disease 112 days in bed
 Immediate Uremia 120
 How long sick
 Accident, Suicide, Homicide

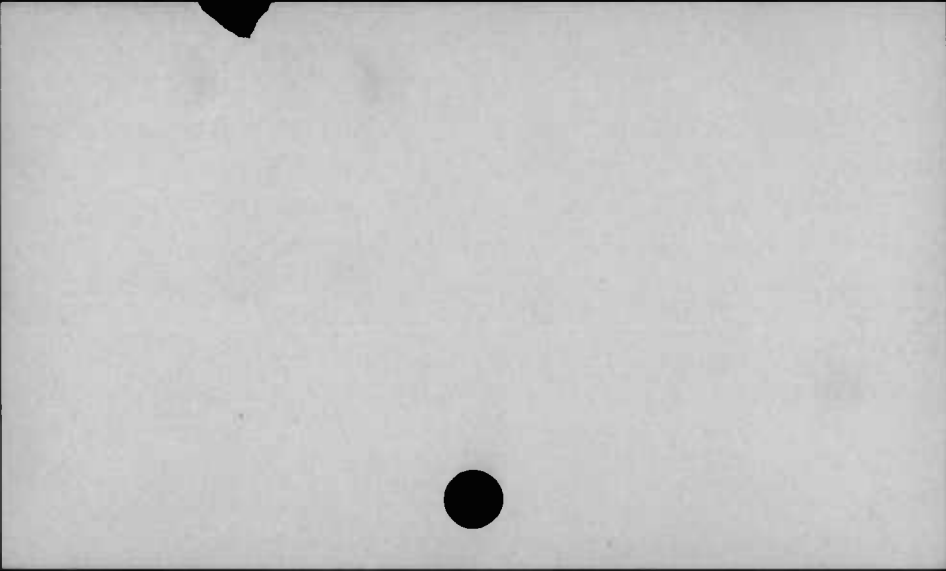
Reported by F. N. Sheppard M.D.

Address Brumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <i>Bertha Mays</i>		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Chestertown</i>		Month <i>July</i>		Day <i>11</i>		Occupation <i>_____</i>	
Date 1902 <i>July 11</i>		Age <i>3 11</i>		Native of <i>Mad</i>			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single		<input checked="" type="checkbox"/> Widow <input type="checkbox"/> Widowed		<input type="checkbox"/> Divorced Number of children living	
Husband of Wife		Fether's Name <i>Carl Mays</i>		Mother's Maiden Name <i>Rebecca Goldsborough</i>		How long sick	
Cause of Death <i>Thrush</i>		Primary <i>Thrush</i>		Immediate <i>100</i>		Accident, Suicide, Homicide	
Reported by <i>Carl Mays (Father)</i>		Address <i>Chestertown Md</i>					
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							



Name In Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1904

July 28

Age 83

8

16

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898

Cecillou.

Name in Full

Certificate of Death

Emma Estelle Peterson

Town

County

Died at

MARYLAND

Date 1902 July 26 | Age 6-6 | Native of Kent Co | Occupation Infant,
 Male | White | Married | Widow | Divorced
 Female | Colored | Single | Widower | Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Wright Price

Town

County

Died at

Piney Neck

Kent Co.

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

July 19

Age

0

0

14

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Thomas Price

Mother's

Maiden Name

Mary Ashley

Cause of

Primary

Summer-Catarrh

How long sick

7 Day

Death

Immediate

Ephraim

Accident, Suicide, Homicide

Reported by

W. D. Lilly, M.D.

Address

Rockface Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Florrence Ella Purnell

Town

County

Died at

MARYLAND

Date 19

Month

Day

Year

Y.

M.

D.

Native of

Occupation

02

7

4

1902

Age

25

years

ma

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

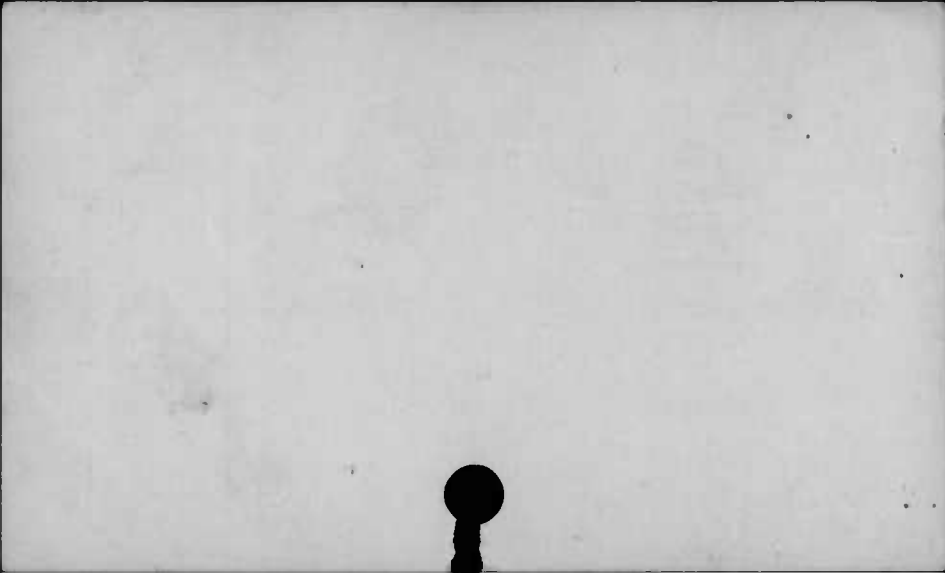
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rachel Reed

Died at ^{Town} Melilot ^{County} Kent Co MARYLAND

Date 1902 July 10th Month Day Y. M. D. Age 76^{about} Native of Md Occupation none

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living 2

Husband of John Reed
 Wife

Father's Name Dnt Know Mother's Maiden Name Dnt Know

Cause of Death Primary Immediate Debility 154 How long sick several days,
 Accident, Suicide, Homicide

Reported by John H. Hessey, M.D.

Address Hannsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Stevens

Town

County

Rock Hall

Kent

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 28

Age

72 8

md. Farmer

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Bright's Disease 1900

As the nia

How long sick

About 2 years

Accident, Suicide, Homicide

Reported by

Ernest F. Cordell M.D.

Address

855 Hamilton

Terrace, Baltimore.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

